

Vaccine Administration Record for Children and Teens

Patient name: _____

Birthdate: _____

Chart number: _____

Before administering any vaccines, give the parent/legal representative all appropriate copies of Vaccine Information Statements (VISs) and make sure they understand the risks and benefits of the vaccine(s). Update the patient's personal record card or provide a new one whenever you administer vaccine.

Vaccine	Type of Vaccine ¹ (generic abbreviation)	Date given (mo/day/yr)	Source (F,S,P) ²	Site ³	Vaccine		Vaccine Information Statement		Signature/ initials of vaccinator
					Lot #	Mfr.	Date on VIS ⁴	Date given ⁴	
Hepatitis B⁵ (e.g., HepB, Hib-HepB, DTaP-HepB-IPV) Give IM.									
Diphtheria, Tetanus, Pertussis⁵ (e.g., DTaP, DTaP-Hib, DTaP-HepB-IPV, DT, Tdap, Td) Give IM.									
Haemophilus influenzae type b⁵ (e.g., Hib, Hib-HepB, DTaP-Hib) Give IM.									
Polio⁵ (e.g., IPV, DTaP-HepB-IPV) Give IPV SC or IM. Give DTaP-HepB-IPV IM.									
Pneumococcal (e.g., PCV, conjugate; PPV, polysaccharide) Give PCV IM. Give PPV SC or IM.									
Rotavirus (Rv) Give oral.									
Measles, Mumps, Rubella⁵ (e.g., MMR, MMRV) Give SC.									
Varicella⁵ (e.g., Var, MMRV) Give SC.									
Hepatitis A (HepA) Give IM.									
Meningococcal (e.g., MCV4, conjugate; MPSV4, polysaccharide) Give MCV4 IM and MPSV4 SC.									
Influenza⁵ (e.g., TIV, inactivated; LAIV, live attenuated) Give TIV IM. Give LAIV IN.									
Other									

1. Record the generic abbreviation for the type of vaccine given (e.g., DTaP-Hib, PCV), *not* the trade name.

2. Record the source of the vaccine given as either F (Federally-supported), S (State-supported), or P (supported by Private insurance or other Private funds).

3. Record the site where vaccine was administered as either RA (Right Arm), LA (Left Arm), RT (Right Thigh), LT (Left Thigh), IN (Intranasal), or O (Oral).

4. Record the publication date of each VIS as well as the date it is given to the patient.

5. For combination vaccines, fill in a row for each separate antigen in the combination.

www.immunize.org/catg.d/p2022b.pdf • Item #P2022 (5/06)

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Before administering any vaccines, give the parent/legal representative all appropriate copies of Vaccine Information Statements (VISs) and make sure they understand the risks and benefits of the vaccine(s). Update the patient's personal record card or provide a new one whenever you administer vaccine.

Vaccine	Type of Vaccine ¹ (generic abbreviation)	Date given (mo/day/yr)	Source (F,S,P) ²	Site ³	Vaccine		Vaccine Information Statement		Signature/ initials of vaccinator
					Lot #	Mfr.	Date on VIS ⁴	Date given ⁴	
Hepatitis B⁵ (e.g., HepB, Hib-HepB, DTaP-HepB-IPV) Give IM.	HepB	2/03/06	S	RT	0651M	MRK	7/11/01	2/03/06	JTA
	Hib-HepB	4/03/06	S	RT	1051M	MRK	7/11/01	4/03/06	DCP
	Hib-HepB	6/05/06	S	RT	1051M	MRK	7/11/01	6/05/06	DCP
Diphtheria, Tetanus, Pertussis⁵ (e.g., DTaP, DTaP-Hib, DTaP-HepB-IPV, DT, Tdap, Td) Give IM.	DTaP	4/03/06	S	RT	647A2	GSK	7/30/01	4/03/06	DCP
	DTaP	6/05/06	S	RT	647A2	GSK	7/30/01	6/05/06	DCP
	Hib-HepB (Comvax)								1 shot, 2 different VIS dates
Haemophilus influenzae type b⁵ (e.g., Hib, Hib-HepB, DTaP-Hib) Give IM.	Hib-HepB	4/03/06	S	RT	1051M	MRK	12/16/98	4/03/06	DCP
	Hib-HepB	6/05/06	S	RT	1051M	MRK	12/16/98	6/05/06	DCP
Polio⁵ (e.g., IPV, DTaP-HepB-IPV) Give IPV SC or IM. Give DTaP-HepB-IPV IM.	IPV	4/03/06	S	LT	U4569-8	SPI	1/01/00	4/03/06	DCP
	IPV	6/05/06	S	LT	U4569-8	SPI	1/01/00	6/05/06	DCP
Pneumococcal (e.g., PCV, conjugate; PPV, polysaccharide) Give PCV IM. Give PPV SC or IM.	PCV	4/03/06	S	LT	489-835	WYE	9/30/02	4/03/06	DCP
	PCV	6/05/06	S	RT	489-835	WYE	9/30/02	6/05/06	DCP
Rotavirus (Rv) Give oral.	Rv	4/03/06	P	Oral	0857M	MRK			DCP
	Rv	6/05/06	P	Oral	0857M	MRK	4/12/06	6/05/06	DCP
Measles, Mumps, Rubella⁵ (e.g., MMR, MMRV) Give SC.									
Varicella⁵ (e.g., Var, MMRV) Give SC.									
Hepatitis A (HepA) Give IM.									
Meningococcal (e.g., MCV4, conjugate; MPSV4, polysaccharide) Give MCV4 IM and MPSV4 SC.									
Influenza⁵ (e.g., TIV, inactivated; LAIV, live attenuated) Give TIV IM. Give LAIV IN.									
Other									

- Record the generic abbreviation for the type of vaccine given (e.g., DTaP-Hib, PCV), *not* the trade name.
- Record the source of the vaccine given as either F (Federally-supported), S (State-supported), or P (supported by Private insurance or other Private funds).

Patient name: Shawn Abler

Birthdate: February 3, 2006

Chart number: SA-4837

3. Record the site where vaccine was administered as either RA (Right Arm), LA (Left Arm), RT (Right Thigh), LT (Left Thigh), IN (Intranasal), or O (Oral).

4. Record the publication date of each VIS as well as the date it is given to the patient.

5. For combination vaccines, fill in a row for each separate antigen in the combination.

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How to record Hib-HepB combination vaccine

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Before administering any vaccines, give the parent/legal representative all appropriate copies of Vaccine Information Statements (VISs) and make sure they understand the risks and benefits of the vaccine(s). Update the patient's personal record card or provide a new one whenever you administer vaccine.

Patient name: Renee Schmidt

Birthdate: December 2, 2004

Chart number: 2345678

Vaccine	Type of Vaccine ¹ (generic abbreviation)	Date given (mo/day/yr)	Source (F,S,P) ²	Site ³	Vaccine		Vaccine Information Statement		Signature/ initials of vaccinator
					Lot #	Mfr.	Date on VIS ⁴	Date given ⁴	
Hepatitis B⁵ (e.g., HepB, Hib-HepB, DTaP-HepB-IPV) Give IM. DTaP-HepB-IPV (Pediarix)	<i>HepB</i>	12/02/04	F	RT	0651M	MRK	7/11/01	12/02/04	JTA
	<i>DTaP-HepB-IPV</i>	2/02/05	F	RT	635A2	GSK	7/11/01	2/02/05	DCP
	<i>DTaP-HepB-IPV</i>	4/02/05	F	RT	712A2	GSK	7/11/01	4/02/05	DCP
	<i>DTaP-HepB-IPV</i>	6/02/05	F	RT	712A2	GSK	7/11/01	06/02/05	DLW
Diphtheria, Tetanus, Pertussis⁵ (e.g., DTaP, DTaP-Hib, DTaP-HepB-IPV, DT, Tdap, Td) Give IM.	<i>DTaP-HepB-IPV</i>	2/02/05	F	RT	635A2	GSK	7/30/01	2/02/05	DCP
	<i>DTaP-HepB-IPV</i>	4/02/05	F	RT	712A2	GSK	7/30/01	4/02/05	DCP
	<i>DTaP-HepB-IPV</i>	6/02/05	F	RT	712A2	GSK	7/30/01	6/02/05	DLW
	<i>DTaP-Hib</i>	3/02/06	F	RA	P0897AA	SPI	7/30/01	3/02/06	RLV
Haemophilus influenzae type b⁵ (e.g., Hib, Hib-HepB, DTaP-Hib) Give IM.	<i>Hib</i>	2/02/05	F	LT	UA744AA	SPI	12/16/98	2/02/05	DCP
	<i>Hib</i>	4/02/05	F	LT	UA744AA	SPI	12/16/98	4/02/05	DCP
	<i>Hib</i>	6/02/05	F	LT	UA744AA	SPI	12/16/98	6/02/05	DLW
	<i>DTaP-Hib</i>	3/02/05	F	RA	7172AA	SPI	12/16/98	3/02/05	RLV
Polio⁵ (e.g., IPV, DTaP-HepB-IPV) Give IPV SC or IM. Give DTaP-HepB-IPV IM.	<i>DTaP-HepB-IPV</i>	2/02/05	F	RT	635A2	GSK	1/01/00	2/02/05	DCP
	<i>DTaP-HepB-IPV</i>	4/02/05	F	RT	712A2	GSK	1/01/00	4/02/05	DCP
	<i>DTaP-HepB-IPV</i>	6/02/05	F	RT	712A2	GSK	1/01/00	6/02/05	DLW
Pneumococcal (e.g., PCV, conjugate; PPV, polysaccharide) Give PCV IM. Give PPV SC or IM.	<i>PCV</i>	2/02/05	F	LT	489-835	WYE	9/30/02	2/02/05	DCP
	<i>PCV</i>	4/02/05	F	RT	489-835	WYE	9/30/02	4/02/05	DCP
	<i>PCV</i>	6/02/05	F	LT	489-835	WYE	9/30/02	6/02/05	DLW
	<i>PCV</i>	3/02/06	F	LA	501-245	WYE	9/30/02	3/02/06	RLV
Rotavirus (Rv) Give oral.									
Measles, Mumps, Rubella⁵ (e.g., MMR, MMRV) Give SC.	<i>MMRV</i>	12/02/05	P	RA	0857M	MRK	1/15/03	12/02/05	DLW
Varicella⁵ (e.g., Var, MMRV) Give SC.	<i>MMRV</i>	12/02/05	P	LA	0857M	MRK	12/16/98	12/02/05	DLW
Hepatitis A (HepA) Give IM.	<i>HepA</i>	12/02/05	F	LA	0524L	MRK	8/04/04	12/02/05	MAT
	<i>HepA</i>	6/02/06	F	LA	0634K	MRK	3/21/06	6/02/06	MAT
Meningococcal (e.g., MCV4, conjugate; MPSV4, polysaccharide) Give MCV4 IM and MPSV4 SC.									
Influenza⁵ (e.g., TIV, inactivated; LAIV, live attenuated) Give TIV IM. Give LAIV IN.	<i>TIV</i>	10/05/05	RA	F	U097543	SPI	7/18/06	10/05/05	JTA
	<i>TIV</i>	11/05/05	RA	F	U097543	SPI	10/20/05	11/05/05	DCP
Other									

1. Record the generic abbreviation for the type of vaccine given (e.g., DTaP-Hib, PCV), *not* the trade name.

2. Record the source of the vaccine given as either F (Federally-supported), S (State-supported), or P (supported by Private insurance or other Private funds).

3. Record the site where vaccine was administered as either RA (Right Arm), LA (Left Arm), RT (Right Thigh), LT (Left Thigh), IN (Intranasal), or O (Oral).

4. Record the publication date of each VIS as well as the date it is given to the patient.

5. For combination vaccines, fill in a row for each separate antigen in the combination.

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How to record DTaP-HepB-IPV, MMRV,
and DTaP-Hib combination vaccines

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Before administering any vaccines, give the parent/legal representative all appropriate copies of Vaccine Information Statements (VISs) and make sure they understand the risks and benefits of the vaccine(s). Update the patient's personal record card or provide a new one whenever you administer vaccine.

Patient name: Jason Stampfer

Birthdate: October 15, 1989

Chart number: 3456789

Vaccine	Type of Vaccine ¹ (generic abbreviation)	Date given (mo/day/yr)	Source (F,S,P) ²	Site ³	Vaccine		Vaccine Information Statement		Signature/ initials of vaccinator
					Lot #	Mfr.	Date on VIS ⁴	Date given ⁴	
Hepatitis B⁵ (e.g., HepB, Hib-HepB, DTaP-HepB-IPV)	<u>HepB (1.0 ml)</u>	6/02/02	P	RA	0651M	MRK	7/11/01	6/02/02	TAA
Give IM.	<u>HepB (1.0 ml)</u>	1/02/03	P	RA	0651M	MRK	7/11/01	1/02/03	TAA
2-dose adult HepB for adolescents									
Diphtheria, Tetanus, Pertussis⁵ (e.g., DTaP, DTaP-Hib, DTaP-HepB-IPV, DT, Tdap, Td) Give IM.	DTp	12/15/89	P	RT	326-912	LED	1/01/88	12/15/89	DCP
	DTp	2/15/90	P	RT	326-912	LED	1/01/88	2/15/90	DCP
	DTp	4/15/90	P	RT	326-912	LED	1/01/88	4/15/90	DLW
	DTp	4/15/91	P	RA	326-912	LED	1/01/88	4/15/91	RLV
	DTp	4/15/94	P	RA	326-912	LED	10/15/91	4/15/94	JTA
	Td	10/15/01	P	RA	467-854	WAL	6/10/04	10/15/01	PWS
Haemophilus influenzae type b⁵ (e.g., Hib, Hib-HepB, DTaP-Hib) Give IM.	Hib	12/15/89	P	LT	1492L	MRK	6/01/89	12/15/89	DCP
	Hib	2/15/90	P	LT	1492L	MRK	6/01/89	2/15/90	DCP
	Hib	10/15/90	P	LT	1492L	MRK	6/01/89	10/15/90	DLW
Polio⁵ (e.g., IPV, DTaP-HepB-IPV) Give IPV SC or IM. Give DTaP-HepB-IPV IM.	OPV	12/15/89	P	Oral	0678A	LED	3/01/83	12/15/89	DCP
	OPV	2/15/90	P	Oral	0678A	LED	3/01/83	2/15/90	DCP
	OPV	4/15/91	P	Oral	0896A	LED	3/01/83	4/15/91	RLV
	OPV	4/15/94	P	Oral	0987A	LED	10/15/91	4/15/94	JTA
Pneumococcal (e.g., PCV, conjugate; PPV, polysaccharide) Give PCV IM. Give PPV SC or IM.	How to record adult HepB vaccine given to 11-15 year olds								
Rotavirus (Rv) Give oral.									
Measles, Mumps, Rubella⁵ (e.g., MMR, MMRV) Give SC.	MMR	1/15/91	P	RA	0857M	MRK	1/01/88	1/15/91	DLW
	MMR	10/15/01	P	LA	0946M	MRK	1/01/88	10/15/01	PWS
Varicella⁵ (e.g., Var, MMRV) Give SC.	Var	10/15/01	P	LA	0799M	MRK	12/16/98	10/15/01	PWS
Hepatitis A (HepA) Give IM.									
Meningococcal (e.g., MCV4, conjugate; MPSV4, polysaccharide) Give MCV4 IM and MPSV4 SC.	MCV4	8/19/05	P	LA	U1766AA	SPI	4/4/05	8/19/05	DCP
Influenza⁵ (e.g., TIV, inactivated; LAIV, live attenuated) Give TIV IM. Give LAIV IN.									
Other	Tdap	7/9/06	P	LA	C2454AA	SPI	9/22/05	7/9/06	MAT

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